

INTERNAL MISHAP/NEAR MISHAP INVESTIGATION REPORT

From: _____ Division Officer

To: Commanding Officer

Via: (1) _____ Department Head
(2) Safety Officer
(3) Executive Officer

Date/Time of Mishap: _____ Mishap Category: _____

Location of Mishap: _____

Brief Description of Mishap (Including extent of injury and property damage):

Work/Task Supervisor (at time of mishap): _____

Witnesses: _____

Photos taken (circle one)? YES NO N/A

Cause of Mishap:

Corrective Action Taken or Recommended:

Signature/Date

1st Endorsement

2nd Endorsement

3rd Endorsement

Does Mishap Meet External Reporting Requirements (circle one)? YES
NO

If yes, include the date-time-group of report:

(Attach copy of report)

Safety Officer

RETURN COMPLETED INVESTIGATION REPORT TO SAFETY OFFICER

INSTRUCTIONS FOR FILLING OUT INTERNAL MISHAP/NEAR MISHAP INVESTIGATION REPORT

1. Complete this report within 10 working days of the mishap/near mishap. If the report is not completed in 10 working days, annotate on the report the reason for delay.
2. Mishap category examples are: Collision, Flooding, Grounding, Electric Shock, Deck Seamanship, Man Overboard, Chemical/Toxic Exposure, Heat Injury, Aircraft/Aviation, Material Failure, Machinery Operation, Heavy Weather, Small Boats, Injury, Cargo Handling, Explosion, Ordnance.
3. Location description should be as thorough as possible. Give compartment number and location within compartment, if applicable. Give frame number, deck (or level), and side if topside. Give location on pier, drydock, or building if off ship. A drawing of location may be useful and should be attached, if appropriate.
4. Work/task supervisor is the name of the person who assigned the task or was overseeing the evolution when the mishap occurred. If not applicable, so state.
5. Reviewing officers shall either note the report or provide comments/ direction on the back or on a separate sheet. The completed report will be returned to the safety officer for filing.